

PERSONAL CARE AGENCY
Supervisor Evaluation of Personal Care Services Provided
_____ to _____
Month/Year Month/Year

CLIENT NAME	CLIENT ADDRESS

SERVICES	YES	NO	COMMENTS
Verify the services being provided.			
Is the service agreement current?			
Are all of the services provided personal care services?			

CLIENT	YES	NO	COMMENTS
Verify with responsible person as needed.			
Is the client still appropriate to receive personal care services?			
Is the client satisfied with the quality of care provided?			
Does the client have any concerns? (Note concern and follow-up action)			
Is there any evidence of abuse, neglect or exploitation?			

PERSONAL CARE AIDES	YES	NO	COMMENTS
Does the personal care aide perform only the tasks and duties outlined in the service agreement?			
Does the personal care aide document observations and services provided in the individual client record?			

Additional Comments:

Supervisor Signature / Title

Date

Print Name